

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO.           | DATE                 |
|----------------------------------|----------|------------------|----------------------|
| <b>FEE DETERMINATION</b>         |          |                  |                      |
| <b>O.I.P.E. CLASSIFIER</b>       |          |                  |                      |
| <b>FORMALITY REVIEW</b>          |          |                  |                      |
| <b>RESPONSE FORMALITY REVIEW</b> | T2       | JC 873<br>05C947 | 03-08-01<br>05/18/01 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
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